

Abortion Techniques

RU-486

RU-486 is a drug that produces an abortion. It can be used up from 5 to 9 weeks of pregnancy.[1] It works by blocking progesterone, a crucial hormone during pregnancy. Without progesterone, the uterine lining does not provide food, fluid and oxygen to the tiny developing baby.[2] The baby cannot survive. About two days after the first pill, a second drug is then given that stimulates the uterus to contract and the dead baby is expelled.[3] Most women abort during a 4 hour waiting period at the clinic, but it may take another few days for that to happen.[4] A third visit is necessary to ensure that the abortion is complete. If the abortion is not complete, a surgical abortion may be necessary.[5] Long term effects have not yet been sufficiently studied, but the drug will dissolve in fat tissue and may remain in the woman's body.[6]

RU 486 was approved for use in the U.S. in September 2000. Early medication abortions accounted for 13% of all abortion in 2005, with 22% of abortions up to 9 weeks being performed in this way. [7]

Suction-Aspiration

Suction aspiration, or "vacuum curettage," is the abortion technique used in most first trimester abortions.[8] A powerful suction tube with a sharp cutting edge is inserted into the womb through the dilated cervix. The suction dismembers the body of the developing baby and tears the placenta from the wall of the uterus, sucking blood, amniotic fluid, placental tissue, and fetal parts into a collection bottle.[9] Great care must be taken to prevent the uterus from being punctured during this procedure, which may cause hemorrhage and necessitate further surgery.[10] Also, infection can easily develop if any fetal or placental tissue is left behind in the uterus. This is the most frequent post-abortion complication. [11]

Dilation and Curettage (D and C)

In this technique, the cervix is dilated or stretched to permit the insertion of a loop shaped steel knife. The body of the baby is cut into pieces and removed and the placenta is scraped off the uterine wall. [12] Blood loss from D & C, or "mechanical" curettage is greater than for suction aspiration, as is the likelihood of uterine perforation and infection. [13]

This method should not be confused with routine D&C's done for reasons other than undesired pregnancy (to treat abnormal uterine bleeding, dysmenorrhea, etc.). [14]

Dilation and Evacuation (D and E)

This type of abortion is done after the third month of pregnancy. The cervix must be dilated before the abortion. Usually Laminaria sticks are inserted into the cervix. These are made of sterilized seaweed that is compressed into thin sticks. When inserted, they absorb moisture and expand, thus enlarging the cervix. Forceps with sharp metal jaws are used to grasp parts of the developing baby, which are then twisted and torn away. This continues until the child's entire body is removed from the womb. Because the baby's skull has often hardened to bone by this time, the skull must sometimes be compressed or crushed to facilitate removal. If not carefully removed, sharp edges of the bones may cause cervical laceration. Bleeding from the procedure may be profuse. [15] The nurse must then reassemble the body parts to be sure that all of them were removed.

Prostaglandin Abortion

The injection of concentrations of artificial prostaglandins prematurely into the amniotic sac induces violent labor and the birth of a child usually too young to survive. Often salt or another toxin is first injected to ensure that the baby will be delivered dead, [16] since some babies have survived the trauma of a prostaglandin birth and been born alive. [17] This method is used during the second trimester. [18]

Dilation and Extraction (D and X) (Partial Birth Abortion)

This procedure is used to abort women who are 20 to 32 weeks pregnant -- or even later into pregnancy. Guided by ultrasound, the abortionist reaches into the uterus, grabs the unborn baby's leg with forceps, and pulls the baby into the birth canal, except for the head, which is deliberately kept just inside the womb. (At this point in a partial-birth abortion, the baby is alive.) Then the abortionist jams scissors into the back of the baby's skull and spreads the tips of the scissors apart to enlarge the wound. After removing the scissors, a suction catheter is inserted into the skull and the baby's brains are sucked out. The collapsed head is then removed from the uterus.[19]

References:

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11. *Ibid*, pp. 256, 260-261.
12. U.S. Senate Report of the Committee on the Judiciary, *Human Life Federalism Amendment, Senate Joint Resolution 3*, 98th Congress, 1st Session, legislative day June 6, 1983, p. 36.
13. F. Gary Cunningham, M.D., *et al*, *Williams Obstetrics*, 19th ed. (Norwalk, CT: Appleton & Lang, 1993), p.683.
14. Penfield, cited in note 8, pp50-51.
15. Warren M. Hern, M.D., *Abortion Practice* (Philadelphia: J.B. Lipincott Company, 1984), pp. 153-154. See also *Human Life Federalism Amendment*, cited in note 11, p. 36.
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<http://www.nrlc.org/abortion/ASMF/asmf.html>

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